

23. a. TRANSPORTATION

EMERGENCY AMBULANCE

Limitations

Emergency ambulance services are provided only when medically necessary. The recipient's physical condition must prohibit use of any method of transportation except emergency ambulance for a trip to be covered.

Prior approval is required for:

Emergency ambulance transportation of more than 150 miles one way from institution to institution.

Emergency transportation services certified by a physician as medically necessary, but not included as a covered service, may be covered for recipients under twenty-one (21) years of age when such services are prior approved by the Department.

All ambulance transportation of more than 50 miles beyond the boundaries of the Georgia state line (out-of-state).

Transportation that is not of an emergency nature, but the recipient requires the services of an EMT and the life sustaining equipment provided in the emergency ambulance.

All ambulance transportation by air ambulance except for recipients 0 to twelve (12) months of age who meet certain criteria listed in the policies and procedures manual.

Non-Covered Services

Ambulance services are not covered in the following circumstances without medical justification:

The recipient is ambulatory.

The recipient's condition would not ordinarily require movement by stretcher.

The ambulance was used solely because other means of transportation were unavailable.

The recipient was transferred to another facility at his/her request.

Transportation of a recipient pronounced dead at the scene by a licensed physician before the ambulance was called. If the recipient was pronounced dead after the ambulance was called but before pickup, service to the pickup point is covered.

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SUPERSEDES 89-51

23. a. **TRANSPORTATION (continued)**

Non-Covered Services (continued)

Transportation for routine obstetrical delivery.

The recipient requested transportation to a more distant hospital or health care facility to receive the services of a specific physician of the recipient's choice.

Non-emergency ambulance transportation of a convalescent type.

Ambulance service to the physician's office or physician-directed clinic. A stop to a physician's office en route to the hospital necessitated by the patient's need for emergency professional care at a physician's office will be covered if the ambulance immediately continues to the hospital.

Transportation of a recipient 21 years of age and older by helicopter.

NON-EMERGENCY TRANSPORTATION EXCEPTIONAL TRAVEL

The Department assures provision of necessary transportation to and from a provider when the recipient has no other transportation resources. Determination of transportation necessity will be made by the Department or an authorized representative.

Exceptional transportation service is non-emergency transportation that is necessary under extraordinary medical circumstances, which requires traveling out-of-state for health treatment not normally provided through in-state health care providers.

Limitations

Exceptional transportation is limited to out-of-state travel and must be arranged through the county Department of Family & Children Services.

Providers of exceptional transportation services must bill the Department only for medically necessary transportation to the nearest provider who can provide the needed service.

Transportation outside of the area customarily used by the recipient's community can be reimbursed only when the required medical resources are not available within the area or the recipient's primary care physician is not located in the recipient's area.

A maximum of one (1) automobile, bus, train or airplane round trip may be reimbursed per date of service per recipient.

TN No. 98-001
Supersedes
TN No. 95-027

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7/27/98

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Limitations (continued)

Prior approval is required for all exceptional transportation services.

Exceptional non-emergency transportation services certified by a physician as medically necessary, but not included as a covered service, may be covered for recipients under twenty-one (21) years of age when prior approval for such services is obtained.

The local county Department of Family and Children Services office must obtain prior approval for:

Out-of-state travel in an automobile, commercial bus or train.

Any meals and lodging for out-of-state travel.

Taxi transportation, when used in conjunction with out-of-state commercial bus, train or airplane.

Any out-of-state transportation by commercial airplane.

Non-Covered Services

Transportation provided by individuals living in the same household with the person.

Transportation provided in the recipient's vehicle, driven by the recipient or another person.

Transportation for educational purposes, vocational training, social services or for other services not covered by Medicaid; and transportation services to attend amusement parks, sporting events, and other social functions.

Meals and lodging for volunteer drivers.

Any travel when the Medicaid recipient is not an occupant of the vehicle except for travel via automobiles driven by volunteer drivers up to a total of twenty (20) miles between the driver's home and the recipient's home and return.

Services for which prior approval is required but was not obtained.

Any travel other than exceptional transportation.

Services which are not medically necessary or which are not provided in compliance with the provisions of the policies and procedures manual.

4. Recipients receiving chemotherapy;
5. Recipients receiving radiation therapy;
6. Recipients receiving specialized diagnostic and therapeutic services;
and
7. Recipients who have chronic conditions which perhaps may require frequent medical treatment over an indefinite period of time.

Non-Covered Services

Transportation provided by individuals living in the same household with the person.

Transportation provided in the recipient's vehicle, driven by the recipient or another person.

Transportation for educational purposes (except childbirth and parenting classes), vocational training, social services or for other services not covered by Medicaid; and transportation services to attend amusement parks, sporting events, and other social functions.

Meals and lodging for volunteer drivers.

Use of supplies such as oxygen, intravenous fluids, etc.

Any travel when the Medicaid recipient is not an occupant of the vehicle, except for travel via automobiles driven by volunteer drivers up to a total of twenty (20) miles between the driver's home and the recipient's home and return.

Escort services in conjunction with non-emergency stretcher and wheelchair van services.

Non-emergency stretcher, minibus and wheelchair van travel outside a 50-mile radius of the state boundary.

Meals and lodging for recipients and escorts transported by direct providers (minibus, wheelchair van and non-emergency stretcher).

Services for which prior approval is required but was not obtained, including all non-emergency stretcher services.

Services which are not medically necessary or which are not provided in compliance with the provisions of the policies and procedures manual.

23.d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

• Skilled nursing facility services are provided to eligible recipients under age 21 to the same extent as for those age 21 and older (see 4.a. of this Attachment).

IN NO. 87-12 DATE/RECEIPT 8/4/87
SUPERSEDES DATE/APPROVED 8/24/87
IN NO. DATE/EFFECTIVE 7/1/87

State: Georgia

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals,
as defined, described and limited in Supplement 2 to Attachment 3.1-A,
and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided